

ESTES PARK HOUSING AUTHORITY

500 Big Thompson Avenue, P.O. Box 1200 Estes Park, Colorado 80517 970-577-3730



APPLICATION FOR TENANT ELIGIBILITY

PLEASE BE ADVISED THAT ALL APPLICANTS WILL BE SCREENED EQUALLY BEFORE FINAL ACCEPTANCE INTO ANY ESTES PARK HOUSING AUTHORITY PROGRAM. THIS SCREENING INVOLVES CRIMINAL/CIVIL BACKGROUND AND PROOF OF CITIZENSHIP. A COPY OF THE WRITTEN SCREENING POLICY FOR THE ESTES PARK HOUSING AUTHORITY IS AVAILABLE AT 500 BIG THOMPSON AVENUE, P.O. BOX 1200, ESTES PARK, COLORADO 80517. APPLICATION WILL NOT BE PROCESSED IF INCOMPLETE OR UNSIGNED. ANY CHANGES THAT OCCUR REGARDING YOUR ADDRESS, FAMILY COMPOSITION OR INCOME IS YOUR RESPONSIBILITY TO REPORT IN PERSON TO THE ESTES PARK HOUSING AUTHORITY.

Head of Household	Social Security Number	E-Mail Address
Present Street Address	City	State
		Zip Code
Mailing Address (if different from residence)	Phone Number	

PLEASE FILL OUT FOR ALL FAMILY MEMBERS APPLYING FOR HOUSING INCLUDING HEAD OF HOUSEHOLD

Household Members:	Date of Birth	Sex M/F	Household Members:	Date of Birth	Sex M/F
1.			5.		
2.			6.		
3.			7.		
4.			8. Due date of unborn child		

GROSS MONTHLY INCOME INFORMATION:

Head	Gross monthly income from employment \$	Where?
Other Adult	Gross monthly income from employment \$	Where?
Child Support	\$	Social Security \$
OAP	\$	SSI Disability \$
AND	\$	TANF \$
		Unemployment \$
		Other Income \$

OPTIONAL: Please circle: 1. White 2. Black 3. American Indian 4. Asian
and 1. Hispanic or 2. Non-Hispanic

IS YOUR FAMILY CURRENTLY: (Answer yes or no)

- Living within the boundaries of the Park R-3 School District?
- Working within the boundaries of the Park R-3 School District?
- If yes, where working?
- Does your household include any elderly and/or disabled members?

APPLICANT CERTIFICATION: I certify that the information provided to the Estes Park Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that giving false statements or information is punishable under Federal Law. I also understand that giving false statements or information are grounds for termination of housing assistance and termination of tenancy.

Applicant's Signature	Date
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FOR OFFICE USE ONLY:	
Date received:	Reviewed by:
Time received:	Received by mail: